



State of Hawaii
Department of Health
Clean Water Branch

CWB USE ONLY

WQC No.: _____ Engineer: _____

Date Received: _____

CWB-WQC Application

Information Required for the Section 401 Water Quality Certification (WQC)

Before completing this form, read the Guidelines for CWB-WQC Application.

- ✿ If mail is not received at the street address, provide the mailing address(es) in Item 14, Additional Information.

1. Owner Information (see Guidelines for CWB-WQC Application - Note 1)

Legal Name: _____

Street Address ✿: _____

City, State and Zip+4 Code: _____

Contact Person & Title: _____

Phone No.: (____) _____ Fax No.: (____) _____

2. General Contractor Information (see Guidelines for CWB-WQC Application - Note 2)

Name: _____

Street Address ✿: _____

City, State and Zip+4 Code: _____

Contact Person & Position Title: _____

Phone No.: (____) _____ Fax No.: (____) _____

3. Emergency Contact Information (see Guidelines for CWB-WQC Application - Note 3)

a. Company/Organization Name: _____

Contact Person & Title: _____

Phone No.: (____) _____ Phone No.: (____) _____

b. Company/Organization Name: _____

Contact Person & Title: _____

Phone No.: (____) _____ Phone No.: (____) _____

4. Project Site Information (see Guidelines for CWB-WQC Application - Note 4)

Project Name: _____

Government Project/Job No. (as applicable): _____

Street Address ☎: _____

City, State and Zip+4 Code: _____

Contact Person & Title: _____

Phone No.: (____) _____ Fax No.: (____) _____

Island: _____

Tax Map Key Number(s)			
Zone	Section	Plat	Parcel(s)

5. Associated Permits or Licenses (see Guidelines for CWB-WQC Application - Note 5)

Provide the type(s), status, corresponding file number(s), and legal authorization(s) of any existing or pending permits or licenses:

a. Department of the Army (DA) Permit or License: _____

b. Section 402 NPDES Permit: _____

c. RCRA Permit (Hazardous Wastes): _____

d. Facility on SARA 313 List (identify SARA 313 chemicals on site):

e. Other (Specify): _____

6. Receiving State Water Information (see Guidelines for CWB-WQC Application - Note 6)

a. Name: _____

Classification: (check the appropriate space(s))

Inland: Class 1 _____ Class 2 _____ Estuary _____
Marine: Class AA _____ Class A _____ Embayment _____

Describe the associated existing uses at the "discharge" location(s):

b. Name: _____

Classification: (check the appropriate space(s))

Inland: Class 1 _____ Class 2 _____ Estuary _____
Marine: Class AA _____ Class A _____ Embayment _____

Describe the associated existing uses at the "discharge" location(s):

7. Project Description (see Guidelines for CWB-WQC Application - Note 7)

a. Project Site Coordinates

Latitude: _____° _____' _____" N

Longitude: _____° _____' _____" W

Latitude: _____° _____' _____" N

Longitude: _____° _____' _____" W

b. Describe the overall project scope and activities

c. Describe the "discharge" activity and the purpose of the proposed discharge activity

d. List all "discharge" activities that the owner is seeking coverage for under this WQC application

- e. Specify physical, chemical, biological, thermal, and any other pertinent characteristic of the "discharge" activity

8. Description of the Existing Environment and Potential Environmental Effects from the Construction Activities (see Guidelines for CWB-WQC Application - Note 8)

- a. Describe the Existing Physical Environment and Potential Physical Environmental Effects

- b. Describe the Existing Chemical Environment and Potential Chemical Environmental Effects

- c. Describe the Existing Biological Environment and Potential Biological Environmental Effects

- d. Describe the Existing Uses and Its Potential Effects

9. Project Schedule (see Guidelines for CWB-WQC Application - Note 9)

- a. Provide the estimated date or dates on which the activity will begin and end:

- b. Provide the date or dates that the discharge(s) will take place:

10. Site-Specific Best Management Practices (BMP) Plan (see Guidelines for CWB-WQC Application - Note 10)

The BMPs Plan shall, at a minimum, include the following:

- a. Maps are attached ☐ Yes ☐ No

- b. Site Characterization

c. Construction Sequence and Duration

d. Construction Method

e. Characteristics of the discharge and potential pollutants associated with the proposed construction activity

Source	Composition	Quantity	Duration

f. Characteristics of the dredged/excavated material

Source	Composition	Quantity	Duration

g. Proposed control measures and/or treatment

11. Applicable Monitoring and Assessment Plan (see Guidelines for CWB-WQC Application - Note 11)

The Applicable Monitoring and Assessment Plan shall, at a minimum, include the following:

a. Description of the methods and means being used or proposed to monitor the quality and characteristics of the discharge

- b. Description of the methods and means being used to monitor/maintain all pollutant control measures

- c. Reporting requirements

- d. A narrative of how the monitoring results will be used to demonstrate whether or not the project construction activity was in compliance with the applicable State water quality standards

12. Mitigation/Compensation Plan (see Guidelines for CWB-WQC Application - Note 12)

15. Statement of Choice of Publication (see Guidelines for CWB-WQC Application - Note 15)

Check One:

___ Public Notice of Proposed Action

___ Public Notice of Public Hearing

___ Not Applicable. The applicant is seeking WQC coverage under authorization of WQC File No. _____ for a DA permit authorization under the following (provide applicable information):

DA NWP No. _____

DA GP No. _____

DA PGP No. _____

16. Authorization of Representative (see Guidelines for CWB-WQC Application - Note 16)

Check one and complete the appropriate space(s). Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required Section 401 WQC Application to discharge to navigable waters from the subject project. The Owner hereby agrees to comply with and be responsible for all Section 401 WQC conditions.

Company/Organization Name: _____

Street Address ☎: _____

City, State and Zip Code+4: _____

Authorized Person & Title: _____

Phone No.: () _____

Fax No.: () _____

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required Section 401 WQC Application to discharge to navigable waters from the subject project. Our representative is further authorized to fulfill all conditions of the Section 401 WQC. The Owner hereby agrees to comply with and be responsible for all Section 401 WQC conditions.

Company/Organization Name: _____

Street Address ☎: _____

City, State and Zip Code+4: _____

Authorized Person & Title: _____

Phone No.: () _____ Fax No.: () _____

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the Section 401 WQC for the subject project. The Owner hereby agrees to comply with and be responsible for all Section 401 WQC Conditions.

Company/Organization Name: _____

Street Address ☎: _____

City, State and Zip Code+4: _____

Authorized Person & Title: _____

Phone No.: () _____ Fax No.: () _____

- d. A separate statement is attached. Yes _____ No _____

17. Certification (see Guidelines for CWB-WQC Application - Note 17)

Alteration of this item will result in the invalidation of this application. **The person certifying this CWB-WQC Application must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ___ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ___ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ___ I certify that for a federal or other non-federal public agency, I am a principal executive officer or ranking elected official.
- ___ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ___ I certify that I am a general partner for a partnership.
- ___ I certify that I am the proprietor for a sole proprietorship.
- ___ I certify that for a corporation or association, I am the President, Vice President, Secretary, or Treasurer of the corporation or association and in charge of a principal business function, or I perform similar policy or decision making functions for the corporation or association:
- ___ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ___ I certify that for a trust, I am a trustee.

In accordance with the State of Hawaii, Department of Health, Water Quality Standards, there is reasonable assurance that the proposed activity will be conducted in such a manner which will not violate the basic water quality criteria applicable to all waters and the specific water quality criteria applicable to the class of navigable waters where the proposed "discharge" would take place.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: () _____ Fax No.: () _____

CWB-WQC Application Checklist		
If any item is listed as "no," attach a sheet with the reason for its exclusion from the Section 401 WQC Application submittal.		
Item Number	Description	Is item addressed? (yes/no)
1.	Owner Information	_____
2.	General Contractor Information	_____
3.	Emergency Contact Information	_____
4.	Project Site Information	_____
5.	Associated Permits or Licenses	_____
6.	Receiving State Water Information	_____
7.	Project Description	_____
8.	Description of the Existing Environment and Potential Environmental Effects from the Construction Activities	_____
9.	Project Schedule	_____
10.	Site-Specific BMPs Plan	_____
11.	Applicable Monitoring and Assessment Plan	_____
12.	Mitigation/Compensation Plan	_____
13.	Supporting Documents	_____
14.	Additional Information	_____
15.	Statement of Choice of Publication	_____
16.	Authorization of Representative	_____
17.	Certification	_____
18.	Filing Fee (\$1000.00) is attached	_____
19.	Number of copies with supporting documents submitted	
	a. One (1) copy for projects on Oahu with owner's original signature	_____
	b. Two (2) copies for projects on islands other than Oahu (one with owner's original signature)	_____